

**Missouri Department of Health
Hazardous Substances Emergency Events Surveillance (HSEES) Program
2003 Prevention Outreach Plan – Preliminary Summary of Activities**

Prevention Activity #1: Distribution of ATSDR's "Managing Hazardous Materials Incidents" Guidelines on CD-ROM to Missouri Hospitals with Emergency Treatment Facilities

Summary of Activity:

These guidelines were sent on CD-ROM to all Missouri hospitals with emergency treatment facilities. The CD-ROMs were reproduced by the DHSS using state funds. Information was also sent to all hospitals regarding the HSEES program. This activity ensures that hospitals have additional resources available to develop emergency preparedness plans, in addition to treatment guidelines for those patients exposed to hazardous materials included in the medical management guidelines. While this information is available on the Internet, it is very important that this information be made available on-site due to the possibility that hospital staff may not be able to access the Internet due to increased traffic or cyber-terrorist attacks.

Lessons Learned:

The results of the hospital needs assessment conducted by the Missouri Hospital Association indicates that many hospitals are not fully equipped to handle patients exposed to hazardous substances. The MHMI guidelines, along with recommendations made by the MHA, will improve the effectiveness of hospital personnel responses throughout the state when patients present with injuries sustained from chemical exposure.

Evaluation Measures:

This activity will result in an increased awareness of the HSEES program in hospitals, and will enhance the resources available to appropriately respond to patients presenting for treatment as a result of exposure to hazardous substances.

Prevention Activity #2: Quarterly Reports, 10 counties with highest number of events, 1999-2001

Summary of Activity:

Quarterly reports summarizing information such as the number of events per county, risk factors, and trends were developed for the ten counties that have the highest total number of events during the last data analysis period (1999-2001). These reports are made available to county emergency management personnel, Local Emergency Planning Commissions (LEPC), county and local fire and police departments, area hospitals, local public health agencies, and other interested parties through the HSEES web site.

Lessons Learned:

Based on the survey conducted in 2001 among the target groups receiving these reports, it is apparent that they are beneficial and should be continued. (Refer to the survey results submitted with the 2000 Prevention Plan Summary.)

Effectiveness Measures:

This activity will be considered effective if a decrease of 10 percent or more is noted in the number of events by county during 2004 for the top 10 counties.

Prevention Activity #3: 2002 Event Summary Reports by County

Summary of Activity:

Reports summarizing 2002 event data, such as the number of events per county, substances released, injuries, evacuations and “interesting events”, were developed and published on the DHSS community profiles page, as well as the HSEES web site, on January 26, 2004. Annual reports were designed using a template similar to the quarterly reports; however, additional information was included based on the majority of responses to the quarterly report survey conducted in 2001 (refer to the 2000 Summary, Activity #2). Postcards announcing the availability of these types of reports were sent to 2,000+ health and safety officials in 2003, when the 2001 county summary reports were released.

Lessons Learned:

Based on feedback received regarding the quarterly reports, we anticipate that the annual event summary reports by county will provide valuable information to local fire and police departments, emergency management officials, health care providers and members of the general public.

Evaluation Measures:

This activity will be considered effective if a decrease of 10% or more is noted statewide in the number of events and the number of injuries during calendar year 2003. The number of “hits” made on the web site will also measure effectiveness of these reports. As of December 31, 2003, the HSEES site had received almost 54,000 hits for the year (up from 39,000 in 2002).

Prevention Activity #4: Missouri Hospital Needs Assessment – Chemical Preparedness

Summary of Activity:

The Missouri HSEES program collaborated with the Missouri Hospital Association on the hospital needs assessment that was developed for Missouri's hospitals with emergency treatment facilities. One specific area of the needs assessment ascertained the hospital's ability to treat patients presenting with symptoms of chemical exposure with regard to equipment, decontamination and isolation areas, resources and guidelines for treatment, etc. Data from the needs assessment was collected by the Missouri Hospital Association and shared with DHSS and the HSEES program. Recommendations were also provided to hospitals as a result of the assessment. A copy of the survey tool, assessment results and recommendations has been shared with ATSDR.

Lessons Learned:

The results of the hospital needs assessment conducted by the Missouri Hospital Association indicates that many hospitals are not fully equipped to handle patients exposed to hazardous substances. The MHMI guidelines, along with recommendations made by the MHA, will improve the effectiveness of hospital personnel responses throughout the state when patients present with injuries sustained from chemical exposure.

Evaluation Measures:

This activity will be considered effective if hospitals with emergency treatment facilities become better prepared and equipped to treat patients presenting for treatment of symptoms resulting from exposure to a hazardous substance. This will be demonstrated by a decrease in or absence of reported injuries sustained by hospital personnel, as well as a decrease in or absence of events resulting from secondary contamination, due to insufficient planning and/or resources. The effectiveness of this activity cannot truly be measured until a hospital's emergency preparedness plan is utilized in an actual event.

MOST AND LEAST EFFECTIVE PREVENTION ACTIVITIES IN MISSOURI

Effectiveness of the 2003 prevention outreach activities cannot be measured until 2003-2004 data is collected and compared to the number of events, injuries, etc. for calendar year 2002 and previous years. However, we anticipate that each of the activities will have a significant positive impact on the awareness of and response to hazardous substance releases occurring in Missouri.